

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 OCT 27 AM 9:05

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for CITY COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Stephen C. Hensley
SIGNATURE OF PERSON FILING REPORT

515-255-4716
TELEPHONE

10-23-09
DATE SIGNED

I AM FILING A 5th DAY PRIOR - 11-3-09 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-3-09

County & Local Committees, enter County in
which Election is held

POIK

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

16,130.78

30,329.74

46,460.52

11,942.35

34,518.17

0

0

0

YES ☒ NO

0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
HENSLEY for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2-5-09	ID# CK#	STEVEN ZUMBACH 666 WALNUT #2000 DSM, IA 50309		\$ 250	<input type="checkbox"/>
2-8-09	ID# CK#	GORDON GREGER 3810 AMERIC AVE DSM, IA 50310		125	<input type="checkbox"/>
2-8-09	ID# CK#	GERALD KIRKE 5465 MILLS CIRCLE PKWY #400 W. DSM, IA 50266		1,000	<input type="checkbox"/>
2-10-09	ID# CK#	JOHN PAPAJOHNS 2116 FINANCIAL CTR DSM, IA 50309		\$500	<input type="checkbox"/>
2-10-09	ID# CK#	M.A. McBRIDE 322 42nd ST. DSM, IA 50312		500	<input type="checkbox"/>
2-10-09	ID# CK#	LORNE & KATHLEEN SCHARBERG 1117 - 45th LANE COMMING, IA 50061		1,000	<input type="checkbox"/>
2-11-09	ID# CK#	CHRISTOPHER NELSON PHD 34151 MAFFET LAKE RD COMMING, IA 50061		250	<input type="checkbox"/>
2-11-09	ID# CK#	ROBERT A. BURNETT 2942 SIOUX CT. DSM, IA 50321		500	<input type="checkbox"/>
2-11-09	ID# CK#	JOY CORNING 2880 GRAND #406 DSM, IA 50312		125	<input type="checkbox"/>
2-11-09	ID# CK#	GEORGE & KATHLYN CARPENTER 3014 FOX RUN DSM, IA 50321		125	<input type="checkbox"/>
SUB-TOTAL				\$4375	
TOTAL (if last page of this schedule)				\$	

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Page 1 of
 (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Hensley for City Council

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2-11-09	ID# CK#	GUSTAV & CHARLOTTE NELSON 1141 Cumming Cir. DSM, IA 50311		\$ 25	<input type="checkbox"/>
2-11-09	ID# CK#	RICK & RICKMAN 532 29th STE. A DSM, IA 50312		125	<input type="checkbox"/>
2-2-09	ID# CK#	Lawrence & Marilyn Staples 3509 CAULDER AVE DSM, IA 50321		50	<input type="checkbox"/>
2-12-09	ID# CK#	JULIE & MARSHALL LINN III 3736 John Lyndale RD DSM, IA 50312		250	<input type="checkbox"/>
2-13-09	ID# CK#	DAVID & BARB HURD 300 WALNUT #183 DSM, IA 50309		500	<input type="checkbox"/>
2-13-09	ID# CK#	MARTIN SIVI 5720 PLEASANT DR DSM, IA 50312		125	<input type="checkbox"/>
2-13-09	ID# CK#	RICHARD & CLAIRE COLE 6059 N. WATERBURY RD DSM, IA 50312		50	<input type="checkbox"/>
2-13-09	ID# CK#	NANCY & HAROLD RATHERT 4007 47th DSM, IA 50310		20	<input type="checkbox"/>
2-13-09	ID# CK#	ODELL & TERRI JOHNSON 912 19th ST. W. DSM, IA 50265		50	<input type="checkbox"/>
2-14-09	ID# CK#	B.J. BAKER III 1525 TULIP TREE LN W. DSM, IA 50266		250	<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$ 1,445
\$

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Page 2 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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2-14-09	ID# CK#	KRENIO WRIGHT 1711 69th WINDSOR Hgts, IA 50322		\$ 50	<input type="checkbox"/>
2-17-09	ID# CK#	Michael L. Whalen 1501 RIVER DR. Moline, ILL 61261		250	<input type="checkbox"/>
2-17-09	ID# CK#	PAUL BOGNANNO 5200 HARWOOD DR DSM, IA 50312		125	<input type="checkbox"/>
2-19-09	ID# CK#	GUS CHAFOYLAS 121 23rd Ave SW #105 ROCHESTER MN 55902		1,000	<input type="checkbox"/>
2-18-09	ID# CK#	Quentin INEZ BOYKEN 821 58th W. DSM, IA 50266		250	<input type="checkbox"/>
2-18-09	ID# CK#	JOE Diane Proctor 1100 HONK DR W. DSM, IA 50265		250	<input type="checkbox"/>
2-18-09	ID# CK#	JULIA TED GNOBIE 2529 JORDAN AVE. W. DSM, IA 50265		500	<input type="checkbox"/>
2-18-09	ID# CK#	PATRICIA & MARY SINK 315 FOSTER DR DSM, IA 50312		125	<input type="checkbox"/>
2-19-09	ID# CK#	BOB & JANE STURGEON 13421 DOUGLAS PKWY URBANDALE, IA 50323		250	<input type="checkbox"/>
2-23-09	ID# CK#	SARA C. HILL 1309 SW Bell Ave DSM, IA 50315		100	<input type="checkbox"/>

SUB-TOTAL

\$2,900

TOTAL (if last page of this schedule)

\$

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Page 3 of
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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2-20-09	ID# CK#	WILLIAM R. HORWADAY JR. M.D. 2933 SIoux CT. DSM, IA 50321		\$ 125	<input type="checkbox"/>
2-20-09	ID# CK#	ANN'S & BETTY GAVINBERG 224 FOSTER DR DSM, IA 50312		125	<input type="checkbox"/>
2-20-09	ID# CK#	EDGAR & PHYLLIS HANSELL 139 37th ST. DSM, IA 50312		125	<input type="checkbox"/>
2-20-09	ID# CK#	MARK MOVIC 1524 41st PL. DSM, IA 50311		125	<input type="checkbox"/>
2-20-09	ID# CK#	CONNIE WIMER 100 4th ST. DSM, IA 50309		500	<input type="checkbox"/>
2-21-09	ID# CK#	J.W. COLLISON 10851 GULF SHORE DR. Naples, FLA 34108		125	<input type="checkbox"/>
2-21-09	ID# CK#	LISA NAKASHIMA 1514 47th ST. DSM, IA 50311		250	<input type="checkbox"/>
2-23-09	ID# CK#	ALAN & VIVIAN GIVANT 13597 VILLAGE CT. CLIVE, IA 50325		250	<input type="checkbox"/>
2-23-09	ID# CK#	LEO HOUGH 7027 OAKBROOK DR URBANDALE, IA 50322		50	<input type="checkbox"/>
2-23-09	ID# CK#	R.M. & ROBERTA TRAVIS 4001 E. 38th ST. DSM, IA 50317		125	<input type="checkbox"/>
SUB-TOTAL				\$ 1,800	
TOTAL (if last page of this schedule)				\$	

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Page 4 of _____
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Hensley for City Council

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2-23-09	ID# CK#	DON & PEGGY SKINNER 4111 ALLISON AVE DSM, IA 50310		\$ 125	<input type="checkbox"/>
2-24-09	ID# CK#	MICHAEL W. SIMONSON 3300 ELMWOOD DSM, IA 50312		250	<input type="checkbox"/>
2-24-09	ID# CK#	RICH EYCHNER P.O. Box 1797 DSM, IA 50305		250	<input type="checkbox"/>
2-24-09	ID# CK#	JEFF & CARLIE FLEMING 5900 WATERBURY CIR. DSM, IA 50312		125	<input type="checkbox"/>
2-24-09	ID# CK#	ROBERT & ANNE BRIDGES 3663 GRAND NO. 806 DSM, IA 50312		25	<input type="checkbox"/>
2-24-09	ID# CK#	ROLAND & MARY NELSON 4105 TIMBERWOOD DR. W. DSM, IA 50265		500	<input type="checkbox"/>
2-24-09	ID# CK#	JAMES C. CONLIN 2900 SO. HILLS DR. DSM, IA 50321		1,000	<input type="checkbox"/>
2-24-09	ID# CK#	KATIE ROTH 670 50th DSM, IA 50312		100	<input type="checkbox"/>
2-24-09	ID# CK#	STEVE & DAWN ROBERTS 215 10th #1300 DSM, IA 50309		100	<input type="checkbox"/>
2-24-09	ID# CK#	GEORGIA HELMICK 300 WALNUT #75 DSM, IA 50309		25	<input type="checkbox"/>

SUB-TOTAL

\$ 2,500

TOTAL (if last page of this schedule)

\$

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Page 5 of _____
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Hensley for City Council

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2-24-09	ID# CK#	John Aphonite FORSYTH 2433 JORDAN TRAIL W. DSM, IA 50265		\$ 125	<input type="checkbox"/>
2-24-09	ID# CK#	Michael C. Hubbell 3717 Lincoln PL DR. DSM, IA 50312		250	<input type="checkbox"/>
2-25-09	ID# CK#	Willard & Betty Bishop 3131 Fleur Dr. # 602 DSM, IA 50321		250	<input type="checkbox"/>
2-25-09	ID# CK#	Janet Griffin 410 27th St. DSM, IA 50312		125	<input type="checkbox"/>
2-25-09	ID# CK#	John & Karen CROAT 2685 NW 163rd ST. CLIVE, IA 50325		200	<input type="checkbox"/>
2-25-09	ID# CK#	SHARON LAMIES 615 29th ST. DSM, IA 50312		50	<input type="checkbox"/>
2-23-09	ID# CK#	JUNIS BRENTON 1400 WINDOVER RD DSM, IA 50315		200	<input type="checkbox"/>
2-25-09	ID# CK#	Jim Cowrie 141 - 37th DSM, IA 50312		1,000	<input type="checkbox"/>
2-25-09	ID# CK#	SKIP CONKLING 516 6th NW ALTOONA, IA 50009		150	<input type="checkbox"/>
2-25-09	ID# CK#	LARRY & KATHY ZIMPLEMAN 2755 R45th W CUMMING, IA 50061		250	<input type="checkbox"/>

SUB-TOTAL

\$ 3600

TOTAL (if last page of this schedule)

\$

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Page 6 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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2-26-09	ID# CK#	ROBERT JOSTEN 801 GRAND #3900 DSM, IA 50309		\$ 250	<input type="checkbox"/>
2-26-09	ID# CK#	LINDA CHASE 3009 FOX HOLLOW CIR. DSM, IA 50321		25	<input type="checkbox"/>
2-26-09	ID# CK#	JOE & MARTHA PIERCE 11875 NW OAKTREE DR. GRIMES, IA 50811		125	<input type="checkbox"/>
2-26-09	ID# CK#	BOBBRETTA BREWSTER D. CPH 3817 MERCED ST. DSM, IA 50310		25	<input type="checkbox"/>
2-26-09	ID# CK#	BRUCE HARRIS 915 LAKESHORE DR OSCEOLA, IA 50213		100	<input type="checkbox"/>
2-26-09	ID# CK#	ART & GLOKIA FILEAN 670-56th DSM, IA 50312		125	<input type="checkbox"/>
2-26-09	ID# CK#	John & Lynnette Sorenson 4905 CHERRYWOOD PL. W. DSM, IA 50265		125	<input type="checkbox"/>
2-26-09	ID# CK#	SOM & DELONES KALINOV 3131 FLEUR DR #1002 DSM, IA 50321		125	<input type="checkbox"/>
2-26-09	ID# CK#	TOM & MARY SULLIVAN 729-55th DSM, IA 50312		50	<input type="checkbox"/>
2-27-09	ID# CK#	TEL PAPA JOHN P.O. BOX 1448 MASON CITY, IA 50402		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,050	
TOTAL (if last page of this schedule)				\$	

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Page 7 of
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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2-27-09	ID# CK#	MARK & MARIE KANE 667 44th DSM, IA 50312		\$ 25	<input type="checkbox"/>
2-27-09	ID# CK#	CLARET SMITH 661 19th St. DSM, IA 50314		50	<input type="checkbox"/>
2-27-09	ID# CK#	THOMAS R. BERNAU 4801 GRAND AVE DSM, IA 50312		500	<input type="checkbox"/>
2-27-09	ID# CK#	THOMAS R. BERNAU 4801 GRAND AVE DSM, IA 50312		25	<input type="checkbox"/>
2-27-09	ID# CK#	JOHN RUAN III 465 FOSTER DR DSM, IA 50312		250	<input type="checkbox"/>
2-27-09	ID# CK#	EUGENE & JEAN OLSON 723 53RD ST. DSM, IA 50312		250	<input type="checkbox"/>
2-27-09	ID# CK#	WILLIAM F. VORNON 1570 GRIFFIN DR NAPLES, FLA 34102		500	<input type="checkbox"/>
2-27-09	ID# CK#	THOMAS & ANN HUTCHINS 3909 RIVER OAKS DR DSM, IA 50312		125	<input type="checkbox"/>
2-27-09	ID# CK#	MRS. CHARLOTTE HUFFMAN 317 PALOMINO PKWY DSM, IA 50320		50	<input type="checkbox"/>
2-27-09	ID# CK#	JIM & PAT LUHR 3826 PARK AVE DSM, IA 50321		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,875	
TOTAL (if last page of this schedule)				\$	

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Page 8 of
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2-27-09	ID# CK#	ROBERT L. MADDOX III 8623 NE 108TH BONDURANT, IA 50035		\$ 250	<input type="checkbox"/>
3-3-09	ID# CK#	WILLIAM VAN ORSDEL 443 S.W. 6TH DSM, IA 50309		250	<input type="checkbox"/>
3-3-09	ID# CK#	Ralph EVANN G. HOFF 1769 S. 42nd St. W. DSM, IA 50265		125	<input type="checkbox"/>
3/4-09	ID# CK#	Arthur M. Boyer 4523 Boyleward Pl. D.M. 50311		50. ⁰⁰	<input type="checkbox"/>
3-4-09	ID# CK#	Stewart Hansen 3010 Sylvia Dr. W.D.M. 50266		100. ⁰⁰	<input type="checkbox"/>
3-4-09	ID# CK#	William L. Hillis 3000 Patricia Dr. DSM 50322		250. ⁰⁰	<input type="checkbox"/>
3-4-09	ID# CK#	Thea Oberlander 5010 Country Club Blvd DM 50312		125. ⁰⁰	<input type="checkbox"/>
3-4-09	ID# CK#	Richard Raabe 3781 River Oaks Dr. DM 50312		100. ⁰⁰	<input type="checkbox"/>
3-4-09	ID# CK#	Randy Sackett 1695 Mc Bride Ridge Ct. Winter Mt., IA 50273		250. ⁰⁰	<input type="checkbox"/>
3-5-09	ID# CK#	Connie Ballard 4211 Timberlane DSM, IA 50317		25	<input type="checkbox"/>

SUB-TOTAL

\$1,525

TOTAL (if last page of this schedule)

\$

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Page 9 of
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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3-5-09	ID# CK#	William R. Hornaday Jr. M.D. 2933 Sioux Ct. DSM, IA 50321		\$ 100	<input type="checkbox"/>
3-5-09	ID# CK#	TED JUVINE 2801 INGRAM AVE DSM, IA 50312		250	<input type="checkbox"/>
3-5-09	ID# CK#	Shirley Harris 4183 PANORA DR PANORA, IA 50216		50	<input type="checkbox"/>
3-5-09	ID# CK#	Bruce & Susan Kelley 14 Glenview Dr. DSM, IA 50312		500	<input type="checkbox"/>
3-6-09	ID# CK#	MARJORIE SPEVAK 2 FOSTER DR DSM, IA 50312		25	<input type="checkbox"/>
3-6-09	ID# CK#	Cornelius J. Broderick 1226 GLEN OAKS DR W. DSM, IA 50266		100	<input type="checkbox"/>
3-6-09	ID# CK#	MERTZ A. ANDERSON 4225 WOODLAND DR. DSM, IA 50312		25	<input type="checkbox"/>
3-6-09	ID# CK#	ELIZABETH HOLLAND 1325 W. HOOD AVE. CHICAGO, IL 60660		250	<input type="checkbox"/>
3-7-09	ID# CK#	Russ & Lucile Johnson 12918 Timberlane Dr URBANA, IA 50323		100	<input type="checkbox"/>
3-9-09	ID# CK#	Sheldon Rabinowitz 15 W 51st DSM, IA 50312		50	<input type="checkbox"/>

SUB-TOTAL

\$ 1,450

TOTAL (if last page of this schedule)

\$

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Page 10 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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3-9-09	ID# CK#	ROGER & SHIRLEY STEYSON 5160 GALLERY CT. W. DESM. IA 50266		\$ 125	<input type="checkbox"/>
3-10-09	ID# CK#	ANTONIO COLACINO 700 WALNUT DSM, IA 50309		25	<input type="checkbox"/>
3-10-09	ID# CK#	MARTIN WALSH 3920 GRAND #600 DSM, IA 50312		50	<input type="checkbox"/>
3-10-09	ID# CK#	JACK PORTER 815 18th DSM, IA 50314		50	<input type="checkbox"/>
3-10-09	ID# CK#	VICKI FACTO 1424 46th ST DSM, IA 50311		40	<input type="checkbox"/>
3-10-09	ID# CK#	DON & JANET METCALF 12954 OAK BROOK DR. URBANDALE, IA 50323		35	<input type="checkbox"/>
3-10-09	ID# CK#	ALAN ZUCKERT 1515 LINDEN ST. DSM, IA 50309		500	<input type="checkbox"/>
3-10-09	ID# CK#	MIKE & SUE MC BROOM 5502 WATERBURY RD. DSM, IA 50312		100	<input type="checkbox"/>
3-10-09	ID# CK#	NANCY BOBBO 3519 S.W. 29th ST. DSM, IA 50321		25	<input type="checkbox"/>
3-10-09	ID# CK#	BEN & MARTY VLEEM 3504 131st ST. URBANDALE, IA 50323		25	<input type="checkbox"/>

SUB-TOTAL

\$ 975

TOTAL (if last page of this schedule)

\$

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Page 11 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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3-10-09	ID# CK#	GREGG ELSHA BARCUS 4930 COUNTRY CLUB BLVD. DSM, IA 50312		\$ 100	<input type="checkbox"/>
3-10-09	ID# CK#	JAMES BOYT 6700 CARPENTER AVE DSM, IA 50311		25	<input type="checkbox"/>
3-10-09	ID# CK#	TERRY & CHRIS BRANSTAD 1324 274th CN. BOONE, IA 50036		100	<input type="checkbox"/>
3-10-09	ID# CK#	Rich GUBACKS 2812 VIRGINIA PL. DSM, IA 50321		50	<input type="checkbox"/>
3-10-09	ID# CK#	Lyle SIMPSON 3131 FLECK DR. # 907 DSM, IA 50321		250	<input type="checkbox"/>
3-10-09	ID# CK#	Leslie GEARHART 4917 WOODLAND AVE DSM, IA 50312		100	<input type="checkbox"/>
3-10-09	ID# CK#	KRISTY PAULSEN CEDAR RAPIDS, IA		50	<input type="checkbox"/>
3-10-09	ID# CK#	LINDA UPMAYER 2175 PINE AVE GARNER, IA 50438		50	<input type="checkbox"/>
3-10-09	ID# CK#	CHRISTOPHER DIEBEL 380 WALNUT # 706 DSM, IA 50309		25	<input type="checkbox"/>
3-10-09	ID# CK#	PETER BROWN 412 - 51st DSM, IA 50312		125	<input type="checkbox"/>

SUB-TOTAL

\$ 875

TOTAL (if last page of this schedule)

\$

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Page 12 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for CITY COUNCIL

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3-10-09	ID# CK#	BOB & JOANNE MAHAFFEY 2220 E. 32nd. DSM, IA 50317		\$ 100	<input type="checkbox"/>
3-10-09	ID# CK#	TRACY LEWIS 2812 VIRGINIA PL. DSM, IA 50321		50	<input type="checkbox"/>
3-10-09	ID# CK#	JACQUILINE EASLEY 3113 SO. HILLS DR. DSM, IA 50321		25	<input type="checkbox"/>
3-10-09	ID# CK#	CRAIG FABER 1713 THORNWOOD RD. W. DSM, IA 50265		125	<input type="checkbox"/>
3-10-09	ID# CK#	SOM BACCAM 4007 SE 27th DSM, IA 50320		50	<input type="checkbox"/>
3-10-09	ID# CK#	JIM & CATHY ERICKSON 3818 THORNTON AVE. DSM, IA 50321		200	<input type="checkbox"/>
3-10-09	ID# CK#	MARV & VIRGINIA GILLILAND 5807 HARWOOD DR. DSM, IA 50317		200	<input type="checkbox"/>
3-10-09	ID# CK#	DON & PEGGY SKINNER 2718 - 60th St. DSM, IA 50312		100	<input type="checkbox"/>
3-10-09	ID# 6277 CK# 1337	SHEET METAL CONTRACTORS OF IOWA PAC 1454-30th # 201 W. DSM, IA 50266		100	<input type="checkbox"/>
3-10-09	ID# CK#	BILL & LINDA MCCARTHY 5201 S.E. 32nd ST. DSM, IA 50320		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1050	
TOTAL (if last page of this schedule)				\$	

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Page 13 of _____
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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3-10-09	ID# CK#	CRAIG W. HANSEN 20064 N. 94TH WAY SCOTTSDALE, AZ 85255		\$ 250	<input type="checkbox"/>
3-10-09	ID# CK#	CLAIR & ESTHER GALLOWAY 4337 URBANDALE AVE DSM, IA 50310		500	<input type="checkbox"/>
3-10-09	ID# CK#	MIKE & EVIE BARNES 1550 ARMY POST DSM, IA 50320		500	<input type="checkbox"/>
3-10-09	ID# CK#	BILL PEVERILL 4225 GREENWOOD DR. DSM, IA 50312		25	<input type="checkbox"/>
3-11-09	ID# CK#	JIM & SANDRA WINDSOR II 4004 GRAND #602 DSM, IA 50312		500	<input type="checkbox"/>
3-12-09	ID# CK#	HOWARD GREGORY P.O. BOX 35666 DSM, IA 50315		25	<input type="checkbox"/>
3-12-09	ID# CK#	ANDREW FLYNN 3611 CAUDER AVE DSM, IA 50321		25	<input type="checkbox"/>
3-12-09	ID# CK#	JODI BEAVERS 6124 HARWOOD DR DSM, IA 50312		150	<input type="checkbox"/>
3-12-09	ID# CK#	DAVID & NAILE CARIS 5401 WOODLAND AVE DSM, IA 50312		50	<input type="checkbox"/>
3-12-09	ID# CK#	KRISTO WRIGHT 1711 69TH WINDSOR HTS, IA 50322		100	<input type="checkbox"/>
SUB-TOTAL				\$ 2,125	
TOTAL (if last page of this schedule)				\$	

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Page 14 of
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley for City Council

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3-13-09	ID# CK#	DICK MILLER 4280 NE 14th DSM, IA 50313		\$ 125	<input type="checkbox"/>
3-13-09	ID# CK#	DICK & KAYE LOZIER 3789 RIVER OAKS DR DSM, IA 50312		125	<input type="checkbox"/>
3-14-09	ID# CK#	DOUG & JULIE SIEDENBURG 640 SOUTH FORK DR WAUKESHA, IA 50263		125	<input type="checkbox"/>
3-14-09	ID# CK#	DWEN & DON S NEWLIN 3524 GRAND #401 DSM, IA 50312		50	<input type="checkbox"/>
3-17-09	ID# CK#	ARROLD ANNETT P.O. BOX 1774 DSM, IA 50306		500	<input type="checkbox"/>
3-19-09	ID# CK#	BOBBLETTA BREWSTER 3817 MERCED ST. DSM, IA 50310		25	<input type="checkbox"/>
3-26-09	ID# CK#	JEFF HUNTER 1800 WALNUT ST. DSM, IA 50309		500	<input type="checkbox"/>
3-29-09	ID# CK#	DAVID DOLAN 5307 S. RIVER AVE. DSM, IA 50312		50	<input type="checkbox"/>
3-21-09	ID# CK#	THOMAS GOLDMAN 3417 SC. HILLS DR DSM, IA 50321		125	<input type="checkbox"/>
3-6-09	ID# CK#	Antoinette LAPOLE 430 GRAND AVE. #505 DSM, IA 50309		10	<input type="checkbox"/>

SUB-TOTAL

\$1,635

TOTAL (if last page of this schedule)

\$

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Page 19 of (for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for CITY COUNCIL

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3-9-09	ID# CK#	MARK & Anne MILLER 32310 WILDWOOD DR. ADEL, IA 50003		\$ 25	<input type="checkbox"/>
3-18-09	ID# CK#	JAMES SIMMONS 1405 S. 42nd W. DSM, IA 50265		50	<input type="checkbox"/>
3-27-09	ID# CK#	CARRIE HALL 2323 PARK AVE DSM, IA 50321		100	<input type="checkbox"/>
4-13-09	ID# CK#	NADINE HOGATE 1742 E. WALNUT DSM, IA 50316		20	<input type="checkbox"/>
4-13-09	ID# CK#	RON & ANGEL GRUBB 3301 106th CIR. URBANDALE, IA 50322		125	<input type="checkbox"/>
4-15-09	ID# CK#	JOAN SULLIVAN 706 - 55th DSM, IA 50312		100	<input type="checkbox"/>
4-15-09	ID# CK#	LARRY JAMES 928 CALIFORNIA DR. DSM, IA 50312		200	<input type="checkbox"/>
4-17-09	ID# CK#	PATT BROWN 6055 N. WATERBURY RD. DSM, IA 50312		50	<input type="checkbox"/>
5-5-09	ID# CK#	ELIZABETH BOWDWIN 3930 GRAND DSM, IA 50312		250	<input type="checkbox"/>
8-30-09	ID# CK#	WILLIAM FRIEDMAN JR. 3131 FLAVIE #302 DSM, IA 50321		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,020	
TOTAL (if last page of this schedule)				\$	

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Page 16 of 1
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for City Council

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9-15-09	ID# CK#	John FIRMAN 35304 MAFFET LAKE RD CUMMING, IA 50061		\$ 250	<input type="checkbox"/>
10-8-09	ID# CK#	DOUG WEST 404 SW COUNTRY CLUB LN ANKENY, IA 50021		500	<input type="checkbox"/>
10-8-09	ID# CK#	LARRY JAMES 1056 26th DSM, IA 50311		100	<input type="checkbox"/>
10-15-09	ID# CK#	BANK of the WEST (Y-T-D) 801 GRAND # 300 int. DSM, IA 50309 earned		179.74	<input type="checkbox"/>
10-12-09	ID# 6207 CK# 1023	IOWA HOME BLDGS PAC 6751 CORP DR. JOHNSTON, IA 50131		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,129.74

TOTAL (If last page of this schedule)

\$ 30,329.74

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Page 17 of 17
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-29-09	ID# CK#	STEVE HENSLEY 753-55th DSM, IA 50312	Reimbursement for FEDERAL TAX paid on interest (Campaign FUNDS)	\$106.39
3-10-09	ID# CK#	STARIZAN 28th & Ingersoll DSM, IA 50312	FUND RAISER - FOOD & DRINK	529.27
3-23-09	ID# CK#	CAPITAL RESOURCES, INC. 700 E. PLEASANT BROOKLYN, IA 52211	consultant - FUND RAISING ACTIVITIES & COMMISSION	3,215.59
3-23-09	ID# CK#	U.S. POST OFFICE CAPITAL SQ. LOCATION DSM, IA 50309	POSTAGE for "Thank-you" letters	40.50
4-5-09	ID# CK#	OFFICE MAX 2700 INGERSOLL AVE DSM, IA 50312	copies of presenta- tion for 75 members of WATERBURY NEIGHBORS of US- Disc (power point)	200.65
4-11-09	ID# CK#	CAPITOL RESOURCES, INC. 700 E. PLEASANT BROOKLYN, IA 52211	FUNDRAISING comm. ss. on	266.00
8-13-09	ID# CK#	THE VERNON CO. NEWTON, IA	CAMPAIGN / PARADE HAND-OUTS, NOVELTY ITEMS	990.00
8-31-09	ID# CK#	THE VERNON CO. NEWTON, IA	Remainder of invoice for the above.	82.09
SUB-TOTAL				\$5430.49
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Hensley In City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-31-09	ID# CK#	Beavondale Fall Festival Committee	PARADE FEE	\$ 50.00
9-9-09	ID# CK#	Christine Hensley 753-55th DSM, IA 50312	Reimbursement for CANDY PURCHASED for Beavondale Parade	72.93
9-11-09	ID# CK#	MANARY PHOTO. 5725 Pleasant Dr. DSM, IA 50312	campaign brochure session fee - mailer photos	79.50
9-18-09	ID# CK#	Litho CRAFT 5311 SW 9th DSM, IA 50315	MAGNETIC SIGNS for auto-parade	132.50
9-21-09	ID# CK#	TRU-VAIRE NARD. 63RD ST AND WDSM, IA 50265	STAKES & TIES for IARGENTARD SIGNS (3x4)	22.51
9-28-09	ID# CK#	Clear Channel-OUTDOOR 3101 SW 61st DSM, IA 50321	BILLBOARD ADVERTISING.	2835.00
10-2-09	ID# CK#	UTRAY ENTERPRISES 5200 SW 30th #17 Davenport, IA	3x4 YARD SIGNS	473.14
10-6-09	ID# CK#	STEVE HENSLEY 753-55th DSM, IA 50312	Re-imbursement for POSTAGE STAMPS for campaign.	44.00
SUB-TOTAL				\$ 3,709.58
TOTAL (if last page of this schedule)				\$

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Page 2 of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HENSLEY for CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-18-09	ID# CK#	CEM-ONSITE 4817 UNIVERSITY DSM, IA 50311	campaign computer repair	\$148.40
10-21-09	ID# CK#	VICTORY ENTERPRISES 5200 S.W. 30th #7 Davenport, IA 52802	Graphic Design campaign mailings Brochure	218.88
10-26-09	ID# CK#	CHRISTON PRINTERS 1411 21st ST. DSM, IA 50311	printing and mailing campaign Brochure	\$2435
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$2802.28
TOTAL (if last page of this schedule)				\$11,942.35

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Page 3 of 3

(for Schedule B)